

County Summary Report of Expenditures to the DLGF

Name of County: _____

Contact Person: _____

Contact Phone Number: _____

Date Form Completed: _____

2006 Calendar Year Expenditures

(Round to the nearest dollar.

Do not include Transfers or Purchase of
Investments.)

Operating Funds[#] _____

Cumulative Funds _____

Debt Service Funds _____

Welfare Funds* _____

Funds Not supported with Property Tax Dollars _____

Other _____

Total _____

This County Government provides the following services (please mark all that apply):

_____ Park/Recreation	_____ Cemetery
_____ Library	_____ Redevelopment
_____ EMS	
_____ Other _____	

In order to be included in the May 2007 Report, please send by March 1, 2007 to:

Indiana Department of Local Government Finance
Data Analysis Division
100 N. Senate Ave., Room 1058N
Indianapolis, IN 46204

[#] General, Reassessment, Health, etc.

* Family & Children, Child Psychiatric, Medical Assistance to the Wards, Healthcare for the Indigent, & Children with Special Healthcare Needs